DOCUMENT RESUME

ED 274 696 TM 860 564

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TITLE Research Methodology in the Study of Consultation.
PUB DATE Apr 86
NOTE 38p.; Paper presented at the Annual Meeting of the American Educational Research Association (67th, San Francisco, CA, April 16-20, 1986).
PUB TYPE Speeches/Conference Papers (150) -- Viewpoints (120) -- Information Analyses (070)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Attitude Change; Behavior Change; Consultants; *Counseling; *Counseling Techniques; Counselor Client Relationship; Counselors; Intervention; Literature Reviews; *Research Methodology; *Research Needs; *Research Problems

ABSTRACT

This paper provides a review of research in consultation. The research is analyzed in terms of future directions, methodological shortcomings, and program emphasis. Input, process and output are suggested as a framework to examine components of consultation. A number of studies are mentioned for each component, and a short summary of the studies is presented. Input variables include consultee and consultant characteristics, and problems presented by the consultee. Process variables include techniques used to encourage the consultee to work on the presenting problems. Outcome variables are those variables that reflect changes resulting from consultation. The following problems and prospects are highlighted: (1) a need for a programmatic research effort; (2) an over-reliance on reports from consultees to validate the effectiveness of consultation; (3) a need for consultation researchers to describe more specifically the consultation process; (4) a need for further work on social influence factors in consultation; (5) a need for research on the acceptability of interventions; (6) a need to develop straightforward, heuristic measures of organizational environment; and (7) a need to study expert consultants in addition to trainees. The paper is followed by an extensive bibliography. (JAZ)

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Research Methodology in the Study of Consultation

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CONSULTATION RESEARCH

Abstract

A review of research in consultation is provided. The research is analyzed especially in terms of future directions, methodological shortcomings, and programmatic emphases.

Research Methodology in the Study of Consultation

To say that consultation research is embryonic and greatly in need of improved methodology have become almost banalisms. It seems timely to fulfill the potential of this, now 35 year old, reseach area by taking stock of the current state of consultation research and building coordinated programs of pragmatically and theoretically useful research.

In this paper consultation research is reviewed. In addition, research difficulties and potentially helpful directions future research might take are highlighted.

Consultation Research in Psychology

Meyers (1973) suggested a framework, widely used in behavioral research, to examine components of consultation: input, process, and outcome variables. There is overlap among the categories, but they provide helpful organizing devices.

Input Variables

Input variables include consultee characteristics, consultant characteristics, and problems presented by the consultee.

Consultee Characteristics

Some researchers have found that younger, less experienced teacher consultees tended to have more positive attitudes toward, and make greater use of, mental health consultants in their schools. Previous experience with psychological services was also related to usage (Cutler & McNeil, 1964; Iscoe, Pierce-Jones, Friedman, & McGaharty, 1967; Mann, 1973; Sonlit & Stark, 1967). Contradictory findings were presented by Gilmore and Chandy (1973) who found more experienced teachers reporting greater use of psychologists. The differences between the Iscoe et al. and Gilmore and Chandy studies may reflect their different methodologies, self-report versus frequency counts of consultation sessions. Chandy's (1974) findings also indicated inexperienced teachers used more time with consultants although they did not consult more frequently than older teachers. Chandy reported that after an in-service training program concerned with the role of mental health consultant, less experienced teachers had a clearer conception of the consultation role on such dimensions as teacher autonomy, and the collegial nature of the consultation relationship than did more experienced teachers.

Martin (1978a) and Martin and Curtis (1979) reported more successful consultation experiences associated with younger teachers. Martin presentd a relative age hypothesis and found partial support for the notion of older consultants doing better with older consultees. These findings are of some interest because many consultants are younger than the teachers with whom they consult. Martin (1978b) has expanded this work by applying models of expert and referent power (French & Raven, 1959) to the consultation relationship. Cienki (1981) supported the usefulness of this model of interpersonal influence indicating expert and referent factors to be highly correlated with willingness to help, comprehension of the problem, and teachers' desires for professional affiliation.

Kinsala (1984) used the same framework and found factors associated with referent power (e.g., receptivity of consultee to consultant) accounted for a large amount of the variance in the evaluations received by consultants. Age was a factor only when

the consultant was much younger than the consultee. These younger consultants tended to received lower evaluations. However, consultants much older than consultee did not systematically receive higher evaluations. The relative age hypothesis was only partially supported.

Mann's (1973) and Schowengerdt, Fine, and Poggio's (1976) research indicated that despite the lower success rate reported by consultants with older teachers, older teachers tended to rate consultants more positively than did younger teachers. These writers hypothesized that more experienced teachers know how to use consultants to reach desired outcomes.

Investigations into personality variables of consultees (e.g., Goldman & Cowan, 1976) have suggested consultees having high expectations or favorable attitudes toward consultation tended to be less conservative, have higher intelligence, and score higher on the theoretical and social aesthetic scales of the Allport-Vernon-Linzey Study of Values (1951) than those who did not consider consultation to be a productive experience (Kline & Cummins, 1955). Richman (1971) using a multiple discriminant analysis of the Edwards Personal Preference Schedule found subjects differing in their consultation priorities also differed significantly in their personality characteristics. Similarly, Mischley (1973) found personality characteristics could be related to stated preference for different consultation models. More authoritative consultees preferred an expert model, whereas more democratic consultees preferred a facilitator model.

Cutler and McNeil (1964) found that teachers who had rather positive attitudes toward mental health, and who were willing to volunteer time to attend training reported high satisfaction with consultation. From the consultants' perspective, Alpert, Ludwig, and Weiner (1979) found consultants, like therapists (Garfield, 1971), choose to work with consultees who already show high levels of adjustment. The consultants favored consultees who met the socioemotional needs of children, were receptive to children, were likable, approachable, and open to behavior change.

In a subsequent study Alpert, Ballantyne, and Griffiths (1981) found that successful consultants (as determined by coding of their logs) tended to serve consultees who were more dogmatic and authoritarian than the consultees of less successful consultants. This study also suggested that successful consultants were more dissimilar to their consultees on measures of dogmatism and reported needs for assistance than were their less successful consultant colleagues. It is difficult to reconcile the results of the two Alpert et al studies except that, perhaps, the consultant preferences evident in the first study were not acted upon. Consultants, despite their preferences for consultees with already high levels of openness and approachability, might target authoritarian teachers and work closely with them until successful outcomes are reached. Alpert et (1981) also point out that the study must be replicated with a larger and perhaps more representative group of consultees.

It would be helpful, in synthesizing work on consultee characteristics, if researchers would use the same instrument on a large number of consultees so that patterns might emerge. Cherniss's (1978) Consultation Readiness Scale might prove useful so that readiness to engage in consultation might be related to various personality dimensions of consultees.

The effects of ethnic differences on openness to consultation has received limited attention. Gibbs (1980) used critical incident reporting to suggest that Blacks, due to a combination of historical circumstances, cultural, and social patterns, and values initially focus more on the interpersonal aspects of the consultation relationship than on the instrumental aspects than whites.

Summary. In summary, it seems that consultants, like other mental health helpers prefer to work with people who are already relatively well adjusted and whose values about education and children are close to their own. Younger teachers may be more open to consultation, but consultants may be underestimating their effects on older teachers. Because it may take time to learn to be a good consultee, consultants might learn a great deal by examining the ways they are used by more experienced consultees. It would be interesting to know if the dogmatic consultees found in the Alpert et al (1981) study of successful consultants were also older than the consultees of the less successful consultants.

Consultant variables

Many consultation researchers and practitioners have speculated as to what the optimal characteristics of the consultant should be. Such characteristics as cooperativeness, emotional stability, personal adjustment, pleasing personality, ability to inspire confidence, and permissiveness have been highlighted (Anton, 1964; Downing, 1954; Savage, 1959). Savage found the most successful consultants, that is, those whose suggestions were most often carried out, were acquainted with a top administrator, able to clarify and define problems, offer followup service and evaluate their own work. The status dimension implied by the first of Savage's findings has received additional support from a study done in Germany. Consultees gave more weight to opinions shared by consultants who they believed to be educational psychologists than they did to those whom they were told were teachers (Perzmann, 1981). Revels and Gutkin (1983) found a similar status effect. All these studies can be conceptualized according to the power dimension discussed by Martin (1978b).

Bergan and Tombari (1976) have made an important contribution toward understanding relevant consultant variables. Their findings span input and process concerns. They found that consultant efficiency in responding to referrals, flexibility in applying psychological principles, and skills in eliciting information and action from the consultee all contributed to successful problem identification. Their study shows that when a problem is identified to the satisfaction of both the consultant and consultee, it is almost invariably solved with consultation. Thus, these consultant characteristics are very important.

The consultant's conceptual set or theory-in-use influences consultees' expectations for positive case outcomes (Tombari & Bergan, 1978). Consultants using behavioral prompts with consultees elicited more positive expectations than did those utilizing psychodynamic prompts. In a modification of this prodedure, Gumm and Conoley (1982) examined the effects of differing consultee prompts on consultant behavior and expectations. As might be expected, influence flows both ways.

Bergan and Neumann (1980) indicated that certain types of verbalizations emitted by consultants had a positive effect on eliciting the identification of resources for problem resolution and development of action plans. These verbalizations were termed plan-tactic-elicitors. This series of studies from Bergan and his associates offers much needed research continuity on consultation input and process specification. In addition, the findings are directly translatable into efficacious training strategies.

Robbins and Spencer (1968) asked 26 consultants and 51 consultees to differentiate good from poor consultants. Both groups thought the consultant should be "technically competent, articulate, and sensitive about his (sic) own behavior; he should know the local situation; and he should not prejudge the problem." (p.363). More consultants (62% to 29%) thought consultants should be friendly or personable. Consultees more than consultants (47% to 12%) though consultants should "present direct, concrete answers."

Consultant and consultee opinons concerning beneficial consultant behaviors were also explored by Mannino (1969). His results differed from those of Robbins and Spencer. He found consultees more than consultants consider these consultant attitudes and behaviors important: sympathetic, helpful, cordial, pleasant, receptive, friendly, interested, and sensitive.

A more recent study using multivariate techniques resolves the differences between the Mannino (1969) and Robbins and Spencer (1968) results. Wilcox (1980) found that a cluster of items from a questionnaire, group environment scale and two semantic differentials reflecting consultant humanistic orientation explained over 45% of the variance in attitude toward the consultant. Five process variables contributed significantly to attitudes toward the consultant, with content emphasis of consultant accounting for 22% of the variance. Among group environment variables contributing significanty to consultee attitudes were structured group order and organization.

Cutler and McNeil (1964) and Schowengerdt et al. (1976) found collaborative consultants to be most highly rated by their consultees. Eisdorfer and Batton (1972) collected information from public health nurses concerning their observations of the nurses' mental health consultants. The nurses, like the educators, preferred a "pro", a person with good ideas, who could manage a group consultation skillfully, and who was likable and collaborative. The nurses felt exploited by authoritarian experts and disdainful of consultants who suggested indepth therapy as the answer for every problem. Similar results obtained with nurse consultees indicated that not only did the nurses prefer collaborative consultants but also initiated more programs when offered collaborative/resource consultation in contrast to an expert model (Reinking, Livesay, Kohl, 1978).

Although Browne, Cotton, and Goliembiewski (1977) presented only limited data, their observations about consultant "marginality" are noteworthy. Marginality is a term used to describe a person who exists at the boundaries of two groups dissimilar in goals and attitudes. The negative aspects of such a position have been stressed most frequently. They suggest the positive apects of marginality: neutrality, open-mindedness, and flexibility are more often found in external consultants.

Internal consultants who were more marginal than the rest of their group tended to be longer at their jobs and more likely to belong to organizational development networks. They suggest marginality is a facilitating attitude for internal and external consultants, although it is a more difficult one for the internal consultant to assume.

Another consultant set that may affect the process of consultation is that of either solving the problem or helping the consultee. A laboratory experiment using untrained undergraduates found these consultants were significantly less congruent, interupted more, and spoke more when their pre-roleplay instructions were to work on the problem (Etzion, 1980). Because this style would presumably make a consultant appear to be less facilitative, effects on outcomes might hypothesized. In contrast to the differences found by Etzion, no differences in the use of various diagnostic information or change tactics were apparent among 152 corporate trainers, educators and consultants related to measured cognitive style differences (Slocum, 1978).

Summary. Although data are limited, factors facilitating a consultant's entry and utilization by consultees appear to be mainly of an interpersonal nature. Consultees very much prefer collaborative, approachable people. It is interesting for school consultants to note one investigation (Schowengerdt et al., 1976) found previous teaching experience for consultants negatively related to consultee satisfaction with consultation.

Problems

A few investigators have studied the kinds of problems brought to consultation, including demographic variables of clients and typical concerns of consultees. Five studies were concerned with the kinds of problems involved in mental health consultation services within school settings. Iscoe et al (1967) and Pierce-Jones, Iscoe, and Cunningham (1968) in surveying 903 consultations with elementary school teachers served by mental health consultants, found that boys constituted 72% of the clients discussed. Slightly more than half of the clients were 9 years or younger. The degree of pathology of clients was measured using the Bower Scale (Bower 1961). About two-thirds of these pupils had only minor handicaps, according to ratings by the consultants. The investigators found consultee concerns were distributed in the following descending order of frequency: children's emotional states, school motivation or ability to learn; home and parent-child relatonships; teachers' professional uncertainties; teachers' personal concerns; role conflicts and interpersonal relations.

The concerns brought to school psychologists consulting in elementary schools were also studied by Chandy (1974). The consultants kept logs of the focus of interviews; in some cases, there were several major foci. In the 282 contacts recorded, Chandy found the 55% (N=185) were concerned with specific behavior problems. Other common concerns were: specific academic problems (N=51, 17%), general behavior discussion (N=38, 11%), and school organizational factors (N=30, 9%).

Meyers, Friedman, and Gaughan (1975) found client-consultee problems clustering around the following dimensions: student problems, teacher vocation, problems relating to specific setting or assignment, pedagogic issues, classroom management issues,

problem identificaton, and, reference to teacher's nonteaching life. Similar clustering of problems in multiple settings are reported by several other researchers (Aiken, 1965; Knisely, 1964; Norman & Forti, 1972; Parker, 1958).

Gutkin (1981) tested the predictions made by Caplan (1970) regarding the relative frequency of consultee problems in knowledge, self confidence, skills, and loss of objectivity. Using the reports of trainee consultants there was a very low frequency pf problems arising from loss of teacher objectivity. More problems fell into the skill and knowledge categories. Caplan's predictions and experiences were not replicated by these young consultants.

To understand the incongruity between Gutkin and Caplan it may be helpful to consider the likely theoretical differences between the recently trained young psychology consultants and Caplan's group of psychodynamically trained psychiatrists from the 1960s. The more behaviorally oriented psychologists are more likely to "see" skill deficits and knowledge gaps, whereas the psychodynamically trained psychiatrists are likely to "see" intrapsychic distress. Their theoretical frameworks might operate to focus their attention on different aspects of the same case. Tombari and Bergan's (1978) and Gumm and Conoley's (1982) papers provide some support for this speculation.

Summary. Although these data are helpful in preparing the consultant for the array of problems that may arise, they do not point to which problems are most amenable to consultation intervention. Outcome studies reviewed in a subsequent section pinpoint some differential success across client and consultee problem areas.

Process Variables

Process variables include techniques used to encourage the consultee to work on the presenting problems. Process refers to what actively takes place during the consultation session. Processes may be discrete verbal or nonverbal techiques, interaction styles, amount of time, group versus individual consultation, or models of consultation. This area has been attracting increasing interest from researchers.

Descriptive Studies

Some specific techniques have been defined, such as warmth, congruence, one-downsmanship, deemphasis of consultant contribution, equal relationship, work focus, and the freedom to accept or to reject the consultant's recommendations (Caplan, 1970; Meyers, 1973; Meyers, Friedman, and Gaughan, 1975). Meyers has mentioned other processes such as verbal reinforcement, clarification, empathy, direct and indirect confrontation, probe for feeling, and providing a choice. Caplan offers detailed analysis of his major process technique, theme interference. His evaluative studies of consultation found theme interference associated with successful consultation outcomes.

Robbins and Spencer's (1968) study of taped consultation session revealed three phases in the process of consultation: 1. Expositional phase, the consultee gives information about the presenting problems. 2. Reactive stage, the consultant becomes active, interviewing, clarifying, putting things in perspective for the consultee. 3. Summarizing, decision-making, and future commitment stage. Very similar phases were described by Tetreault (1968).

Effects of Process on Outcome

In contrast to these descriptive studies are research efforts by Robbins, Spencer, and Frank (1970), Cossairt, Hall, and Hopkins (1973), and Friedman (1978) relating processes during the consultation session to various outcome measures. Robbins et al (1970) expanded on some of their earlier work and determined that consultants who were prepared, seemed interested in the task, and knew the participants of a group consultation were more successful doing mental healh program consultation. They, like Mann (1973) also found that a common ground of agreement between consultant and consultee as to their purposes together predicted high satisfaction among consultees. This finding received additional support from the Bergan and Tombari (1976) study already reviewed under input variables.

Additions to consultation. Cossairt et al (1973) manipulated instructions, feedback, and feedback with social praise during the consultation process with classroom teachers. As might be expected, the package containing social praise for the teacher was most effective in increasing teacher praising and student attending behaviors. This particular finding is not consonant with Caplan's (1970) directions to avoid praising consultees. Caplan's directive in this area is also disputed by findings from an Altrocchi, Speilberger, and Eisdorfer (1965) study.

Whitly (1970) added videotaped scenes of target behaviors to some behavioral consultation sessions of teacher consultees and just showed the videotape to some others. Both sets of teachers increased their reinforcement of desirable student behaviors. Only the teachers who were given consultation plus videotape reduced reinforcement of undesirable behaviors, and only their students exhibited a decline in inappropriate behaviors.

Consultants are also aided by viewing the problem behaviors about which they are consulting. Conoley and Conoley (1982) found more rapid increases in consultee skills in problem description when consultants had viewed the videotaped problem under discussion. The advantage associated with direct observation did not, however, remain over time with consultants in both observation and no observation conditions facilitating more skill development by the end of a second interview when compared to a control condition.

Consultant style. Although Friedman's sample was small, his work showing an effect of indirect consultant style on teacher increases in indirect teaching methods is an important link between consultee centered consultation and consultee behavior change. He found that the more expert, lecturing type of consultant showed the least success in changing a teacher's classroom style using the Amidon-Flanders Interaction Analysis (1967) as the dependent measure. This study and Wilcox's (1977) lend support to earlier efforts that reported consultee preferences for competent but collaborative consultants. In this case, at least, consultee preference seemed related to improved consultation outcomes.

Affective levels. Meyers, Friedman, Gaughan, and Pitt (1978) have used taped sessions to explore the levels of affect exhibited through the conduct of a consultation session. This is similar to research attempted in psychotherapy to analyze anxiety and hostility expressed during therapy interviews (Gottschalk, Winget,

Gleser, & Springer, 1966). Their sample was quite small (N=3). Two of the three teacher exhibited relatively high levels of anxiety. These two were also judged to display the most positive consultation outcomes. Barge (1983) built on this study by implementing two conditions of consultation and a control condition. The consultation treatments manipulated levels of affective probing within a consultee centered behavioral consultation mode. Consultees in all conditions rated consultants as increasingly expert and themselves as decreasingly anxious. There was, therefore, no effects of treatment. On outcome measures, however, concerning behavioral descriptions of problems and generation of remedial plans both consultation groups proved to be superior to the control condition. The effects of consultee affective arousal on consultation outcomes are, therefore, unclear.

Models of consultation. Other studies have looked at process issues around complete models of consultation. For example, Abidin (1975) reported on teacher responses to behavioral consultation that interfered with their carrying out of the classroom plans or generalizing their behavioral skills to new problems. The two teachers he interviewed reported technical concerns, concerns about other children, concerns relative to teaching effectiveness, alterations of perceptual experience (especially losing touch with what nontarget children were doing), and affective experiences (e.g., resentment toward the consultant) as concomitants to behavioral consultation. Although his work is merely suggestive because of the limited number of respondents, it identifies an area for careful further study.

Acceptability. The acceptability of the interventions suggested by consultants is probably related to the issues raised by Abidin. Several studies (Witt, Elliott,& Martens, 1984; Witt, Martens & Elliott, 1984) have indicated that teachers differentiate among interventions based on several dimensions. The severity of the problem, the teacher time needed to implement, and the potential effects on other children are all factors influencing a consultee's willingness to implement a strategy. Acceptability research highlights the need to continue research activities on social influence factors.

Piersel and Gutkin (1983) make similar points as Abidin in their analysis of teacher resistance to school-based consultation. They also suggest that psychologists as well as consultees may find consultation aversive because of demands for attention to interventions and ambiguity concerning ultimate outcomes. Psychologists who implement only assessment activities with children may feel quite comfortalbe in that role and experience more closure, for example number of completed assessments, than do consultants.

Role differences. It may be that the professional socialization differences between consultees and consultants lead them to prefer different styles of interaction. Medway (1980) using videotaped examples of consultation found that while teachers preferred behavioral consultation, psychologists preferred mental health consultation example. Miller (1974), using interviews, found the opposite results. The mixed findings may highlight the important consultant skill of being responsive to consultee preferences and not following a prepackaged

theoretical agenda. Waters (1973) and Lambert, Sandoval, and Corder (1975) report that teachers, counselors, and principals prefer consultants to be interested in helping educators to define issues rather than in maintaining a traditional referral-testing-report paradigm.

Time. The amount of time preparing for, implementing and following up on consultation have been manipulated in several studies (Friedlander, 1968; Tyler & Fine, 1974; White & Fine, 1976). Consultees were more satisfied and implemented more consultation interventions with more intensive involvement from the consultant.

Group consultation. Another process dimension is small group versus individual consultation. Group consultation has been described as similar to group supervision or a seminar experience (Altrocchi, et al, 1965; Tobiessen & Shai, 1971). Advantages of group consultation include efficient use of consultant time, building of member support for each other, the presence of more cues and hypotheses for consultant and consultee use, and the chance to work on intergroup rivalries or intragroup dilemmas. Disadvantages are that group consultation takes a number of workers from their jobs at one time with resultant scheduling problems, some matters may be too delicate or confidential for group discussion, insecure consultees have difficulty speaking out, crises between individual consultees and clients may prove too threatening to discuss, and finally, the group will not be effective if a satisfactory level of cohesiveness is not reached. Caplan's (1970) concern about the uncovering of unconscious themes during a group session was not echoed by these researchers. Tobiessen and Shai's (1971) study comparing individual and group consultation suggests that despite some limitations, group consultation was seen by elementary school teachers to be equally as or more effective than individual consultation. In a similar vein, McGlothlin (1981) found that the establishment of a school consultation committee trained by a consultant was very positively received by school personnel and was effective in supporting behaviorally disordered children in the educational mainstream.

Modeling. The amount of direct consultant involvement with clients during consultation is another process concern. Although active collaborative consultants are preferred by consultees, two almost identical studies of direct teaching by curriculum consultants produced mixed effects on student achievement (Ginther, 1963; Payne, 1964). Some differences in subject matter and clients taught may have caused the differences in outcomes. However, interesting questions regarding the role of direct client involvement and modeling by consultants remain to be investigated.

Summary. In summary, some work has been done in defining the verbal processes and particular dimensions of consultation. Consultants who are skilled at keeping a group on task or asking facilitating questions seem most successful in the eyes of their consultees. The process of consultation moves through problem-solving steps. It is crucial that successful problem identification is accomplished, as success at this early stage almost invariably predicts problem solution. Consultants must allow sufficient time for the consultation relationship in terms of meeting time and follow-up contacts. Behavioral consultants must be sure that they do not become sources of aversive

consequences for their consultees because of the demands they place on consultees for behavior change. Finally, consultants must be aware of the nature of the issues to be discussed and the self-confidence of the consultees when choosing between individual and group consultation.

Outcome Variables

Outcome variables are those variables that reflect changes resulting from consultation. There are many studies regarding effects of consultation on consultees, clients, and systems. Studies concerning consultees are divided into changes in several categories; professional growth, self-concept, changes in perception of client, changes in consultee behavior, consultee follow-through, and satisfaction or rapport with consultant. Client outcome variables studied include changes in attitudes, behavior, and achievement. Studies of systems have looked at changes in climate, group process, and communication patterns (Mannino & Shore, 1975; Medway, 1979, 1982; Medway & Updyke, 1985).

Consultees

Professional growth of consultees as an outcome of consultation has been studied in school settings (Schmuck 1968; Trione 1967; Iscoe et al. 1967; Teitelbaum 1961; Mariner, Brandt, Stone and Mermow 1961; Tobiessen and Shai, 1971). All these studies, except the Iscoe et al. study, found significant increases in teachers' understanding of mental health and emotional problems and changes in their views as to how to cope with classroom behavioral problems as compared to control groups receiving no mental health or process consultation. In the Iscoe et al. study, no significant differences in the perceptions of mental health in the classroom were found between the experimental and control groups or within the experimental group according to differential usage of consultation.

Self esteem. There is agreement on the efficacy of consultation as an intervention to improve teacher self-esteem (Schmuck 1968; Cutler and McNeil 1964; Morse 1967; Trione 1967; Teitelbaum 1961). All of these investigators found improvements in teachers' view of themselves and themselves as teachers as a result of consultation.

Perceptions. Mixed results have appeared when consultee perceptions of their clients have been assessed pre- and post-consultation. Although Schmuck (1968) and Linoff (1972) found no significant changes in teacher attitudes toward or descriptions of children after consultation, Madanes (1969), Lewis (1969) and Poore (1971) found significant changes associated with the uses of mental health and psychoeducational planning consultation models respectively in teachers' understanding of student behavioral problems and some positive attitudinal changes.

Behavior. Various models of consultation have been found to be effective in changing teacher behavior. Schmuck (1968) using a group process approach, found teachers reporting a more permissive style in dealing with students' individual differences. Kosier (1970), using individual mental health consultation, found positive changes in experimental groups when compared to control groups in frequency of teacher compliments to students. Morse (1967), also using the mental health model, found pupils perceived experimental teachers as being less nagging and punitive, setting stronger limits, and giving anxiety-reducing support.

Chandy (1974) assessed teacher behavior after providing an inservice orientation program presenting the goals and role of a mental health consultant. Those teachers who were given the inservice training used consultation significantly more and initiated contacts significantly more often than did control subjects. The experimental subjects also discussed pupil-related academic and behavioral concerns more frequently. Chandy concluded that a somewhat formalized definition of the consultant role enhances subsequent use of the consultant.

Meyers et al. (1975) found consultee centered consultation was effective in changing teacher behavior. Two of three teachers receiving consultation reduced the number of negative comments made to children in the classroom. He also collected anecdotal evidence that consultee-centered consultation improved a teacher's ability to assume control of her total classroom, thereby providing a more productive learning environment. These are examples of pioneering work in exploring outcomes of consultee centered consultation. Berk (1971) did not find consultee centered consultation or consultee centered consultation with projective data effective in changing teacher-child dyadic interaction. Friedman's (1978) study did report changes in teacher behavior following consultee-centered consultation. These mixed results and relatively small samples make this an area in need of further study.

Consultees other than teachers have also been influenced by group mental health consultation. Wiesenfeld and Weis (1979) found that hairdressers showed increased skills when compared to a control group in reflecting the feelings of their clients. Bartender helping strategies have been analyzed along with the realities of their work situations. Cowen, McKim, and Weissberg (1981) suggest mental health consultation offered to this prospective consultation group be oriented toward superficial handling of problems and referral.

Satisfaction. There have been a number of studies concerned with consultee satisfaction with consultation. Most researchers have found that teachers were inclined to view case centered and consultee centered consultation in a positive manner (e.g., Gutkin, 1980). Clients in these studies have been from the whole range of ethnic and socioeconomic groups. Consultees were more satisfied with consultants who exhibited behavior congruent with consultee expectations (e.g. Broskowski, 1973; Iscoe et al, 1967; Mann, 1973; Martin, Duffey, & Fischman, 1973; Silverman, 1974). Dissatisfaction with consultation was reported when consultant recommendations were viewed as unrealistic by consultees (Biggers, 1965 Mannino, 1969).

Clients

Results concerned with attitudinal changes in clients are mixed. Schmuck (1968) found no significant changes in students' attitudes toward school and self through self-report instruments. Thurlow (1971) found neither direct counseling nor consultation with teachers was effective in lowering student anxiety. Brown and MacDougall (1973), however, assessed pupils' attitudes toward themselves using the Personal Competency Inventory pre- and post-an inservice training session attended by their teachers. They found the pupils perceived themselves as more adequate in relationships with classmates and teachers after the training

week. Poore (1971) also found positive changes in students' self-esteem when the principal provided a psychoeducational planning model of consultation to his teachers. Self-esteem was measured on the Coopersmith Self Esteem Inventory. Davis (1972) found increased peer acceptance among students whose teachers had received consultation from counselors on presenting mental health material to fourth graders.

Behavior. Direct measures of pupil behavior as a criterion in school research were included in many investigations. In all of these studies, there were significant changes in students' time on task measures when the teachers began to receive consultation. Meyers (1975) found that client-centered consultation was effective in reducing the disruptive behavior of a single target child, whereas consultee-centered consultation resulted in a class-wide decrease in disruptive behavior. The evidence supporting this finding was anecdotal, and no clear assertions can be made from this study. Kellam and Schiff (1967) found long lasting positive changes in the behavior of children whose parents and teachers were involved with mental health consultants.

There is clear evidence that behavioral consultation is effective in improving student behaviors in the classroom (e.g., Ajchenbaum & Reynolds, 1981; Canter & Paulson, 1974; Carson, 1974; Colligan, Colligan, & Dilliard, 1977; Farber & Mayer, 1972; Goodwin & Coates, 1974; Hops, 1971; Kosier, 1970; Randolph & Wallin, 1973). It has proven more effective than reflective counseling with mothers of retarded children (Tavormina, 1975) and as effective alone as when paired with direct group counseling for students. Farber and Mayer's study is one of just a few with secondary school children from inner city barrio schools. Their research indicated maintenance of positive client changes over a year later.

Marchant (1972), using the Dinkmeyer-Adlerian approach to consultation (Dinkmeyer & Caldwell, 1970; Dinkmeyer & Dreikurs, 1963) also reported positive changes in fourth and fifth grade student behaviors. He compared consulting with teachers, consulting plus direct counseling, direct counseling with students, and a no treatment control. All of the treatmnts were equally more effective than the control. Teachers exressed a dislike for the counseling only treatment. In terms of a cost-benefit model, this research supports consultation as an efficient and effective intervention.

Finally, Ruckhaber (1975) reported the child study model (i.e., group discussion with a consultant about a particular child) as very effective. Over a four year period, he found 86% of the target children "some" or "much" improved according to teacher observations.

The numbers of studies indicating the usefulness of consultation in changing client behavior has grown in the past few years. Establishing this link between consultant, consultee, and client is very important. However, it is obvious that behavior change on the part of the client is not sufficient to validate various models of consultation. The triadic nature of the relationship makes consultee and client changes necessary. In fact, it would also be positive to document consultant changes due to the relationship as well (Gumm, 1982; Zacker, Rutter, & Bard, 1971).

Achievement. Only a few investigators have examined student achievement following consultation. Norton (1971) found no significant differences in the achievemnt of disadvantaged preschoolers following consultation or counseling treatment. The criteria included measures from the Caldwell Preschool Inventory. Randolph and Hardage (1972) did not find behavioral consultation effective in improving achievement. Marmorale and Brown (1974) were unsuccessful, also, using mental health consultation. In contrast, Trione (1967) in his study of psychological consultation with teachers, found significant pre-post treatment changes in pupil achievement, using scores from the California Achievement Tests as the criterion measure. Bjork (1970) and Knight (1980) also found improved achievement for students whose teachers had received curriculum consultation. This is obviosly an area in need of some work to reconcile the mixed findings. It may be helpful to directly link consultation with instructional strategies if predictable changes in achievement are sought (Rosenfield, 1984).

System

Consultation effects on system change have been studied. Schmuck (1968) measured classroom changes in group processes through questionnaires administered to pupils. He found no changes or improvements as a result of consultation. Likewise, Tollett (1971) found no significant changes in organizational climate, using the Organizational Climate Description Questionnaire (Halpin & Croft, 1963), following consultation services.

In contrast to these negative finding, Keutzer, Fosmire, Diller, and Smith (1971), using an organizational development approach similar to Schmuck's, did find positive differences between experimental and control teachers and students. Experimental respondents were more open, more accepting of conflict, and generally more optimistic about their school. Bassin and Gross (1978) also reported positive evaluation data from a large New York City secondary school organization development program. Additional positive results of a program consultation to community care workers in facilities serving chronic mental patients were reported by Wolkon, Peterson, and Gongla (1982).

Sensitivity to system needs and consultee preference for collaboration and participation were highlighted by Alpert and Rosenfield (1981). Their successful introduction of a social problem solving program for withdrawn and hyperactive children was explained by teacher involvement in program development, the press created by these clients, the program's flexibility, and the school-wide participation.

Differential system effects of behavioral, ecological, and consultee models of consultation were reported by Jason, Ferone, and Anderegg (1979). Behavioral consultation was found to decrease disruption while consultee-centered consultation improved the academic achievement. Ecological and control conditions had no significant effects. Analogous results are reported by Cole (1980) and Medway and Forman (1980). Some combination of behavioral and consultee-centered approaches may be necessary to have effects on a variety of classroom variables.

Case centered client consultation was effective in reducing the referrals for standard psychometric evaluations across all grades (Ritter, 1978). The decline began after 3-4 years of consultation availability and was most pronounced among teachers who had earlier high frequency consultation contacts with the consultant. Alternative hypothese to account for this drop-off were carefully examined and dismissed. Fairchild (1976) also found case centered behavioral consultation to be a more efficient service delivery model as measured by days from referral to feedback to teacher. Fairchild's consultees expressed far less uncertainty about the effectiveness of recommendations generated through consultation than they had about diagnostic model recommendations. They felt, however, that they did not understand the children as well following consultation as they did using the psychometric approach.

Medway (1979; 1982) and Mannino and Shore (1975; 1979) reported about a 77% success or partial success rate for consultation outcome studies. They cautioned, however, about editors' bias for positive results. The success rate in dissertation research is somewhat lower.

Summary. In summary, some forms of consultation seem highly effective. Behavioral work is strong. Consultee centered approaches are promising, but require larger scale investigation. Organizational development consultation is encouraging, but the findings are mixed.

A number of projects report success with inner city, poor children using behavioral consultation. The success is usually reduction in disruption, however, and not in attitude or achievement changes. This may be due to the short time between intervention and measurement typical of many studies. The social learning perspective would predict attitude change to follow behavioral change. Achievement gains might lag similarly. It is also possible, that behavioral analyses should be directly targeted to increased academic performance instead of toward reductions in surplus behaviors.

Problems and Prospects

The preceding review has highlighted certain problem areas in consultation research needing immediate attention.

1. There is a need for programmatic research efforts. Many studies indicating fascinating, but puzzling, findings are not replicated or extended to allow for appropriate analyses.

The methodologies used in the research are necessarily almost always quasi-experimental or program evaluation of field work. Although this is not a deficit, because consultation is an applied speciality, it creates an even greater press for more organized research programs that carefully replicate findings from other sites.

A commitment on the part of researchers to develop and then use the same instruments to measure changes due to consultation would greatly simplify an analysis of current research.

2. There is an over-reliance on reports from consultees to validate the effectiveness of consultation. Consultee satisfaction is very important, but more attention to exploring client change following consultation is necessary. This is particularly true when studying models other than behavioral consultation.

When consultee behavior change is the focus of the investigation measures of actual behavioral change on the part of consultees are preferable to ratings from the consultee regarding their perceptions of change. One promising approach may be the content analysis instruments developed by Gumm (1983) and Bergan and Tombari (1976). These instruments code verbal behaviors of consultees. Additional measures of consultee behavior change would also be desirable.

3. Consultation researchers should describe more specifically the consultation processes they are testing. It is not sufficient to research "consultation". There are several recognized approaches that may be differentially effective.

In addition, specified models of consultation should be compared to other models and other treatment modalities so that important cost/benefit decisions can be made.

4. Further work on social influence factors in consultation deserve intensive study. These factors are probably responsible for much of the success and failures associated with consultation intervention and even the introduction of consultation services into a system.

5. Related to the social influence research is the beginning research on acceptability of interventions. This is very important. Both the acceptability of consultant recommendations and the acceptability of the consultant have significant impact on the course of consultation. Behavioral practitioners, in particular, should take note of this area and describe the methods by which they introduce and maintain consultee and system change while they also target client change.

6. The hopeful, but mixed, research results concerning system changes related to consultation suggest the need to develop straightforward, heuristic measures of organizational environments. These should be used as routinely as school psychologists use intellectual assessment devices. Organizational climates clearly impact the dissemination of innovations and need to be accounted for when introducing and implementing consultation service delivery.

7. Expert consultants should be studied in addition to trainees. This is difficult to accomplish, but overreliance on trainee effects limits our knowledge of the consultation process.

In summary, the research review may suggest both the promise of consultation as a mental health service delivery system and the issues surrounding its rigorous study. The best consultants respond to consultee needs as they arise in a consultation program. This flexibility (shown to be very important in guaranteeing positive outcomes) makes experimental control of processes used in consultation almost impossible. By prescribing the consultant responses, the researcher studies something other than consultation. In practice settings, the nature of problems presented for consultation intervention vary widely. Intuitively, one would expect an effect of this dimensions on consultation success, but the exact contribution is unknown. This fact, alone, renders many field studies at risk for internal validity problems.

It is both intriguing and troubling to have a service delivery mode be simultaneously highly advocated and difficult to verify. This situation may inspire the researcher to greater creativity and the advocate to greater tolerance.

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